

= :11	in this information t	to identify your o	200.								
	otor 1	Patricia Ann									
	otor 2 use, if filing)					_					
Unit	ted States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	A	_					
Cas	se number 19	-14983					Check	k if this is	• •		
(If kn	own)			•			■ Ar	n amende	ed filing		
										g postpetition ollowing date:	
	fficial Form						M	M / DD/ \	YYYY		
Sc	chedule I:	Your Inc	ome								12/15
spoi attac	use. If you are sep the a separate she terminate Describ	parated and you et to this form. e Employment	are married and not filing wi or spouse is not filing wi On the top of any additi	th you, do not inclu	ıde infori	mation	about	your spo	ouse. If mo	ore space is	needed,
1.	Fill in your empl information.	oyment		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more attach a separate	ate page with	Employment status	☐ Employed				☐ Employed ☐ Not employed			
	information about employers.			■ Not employed				□ NOI e	прюуец		
			Occupation	Retired							
	Include part-time, self-employed wo		Employer's name								
	Occupation may or homemaker, if		Employer's address								
			How long employed to	here?				_			
Par	t 2: Give De	tails About Mor	nthly Income								
spou If you	ise unless you are	separated. spouse have mo	ore than one employer, cothis form.	, c	·	employ		that perso	on on the li	·	J
							or Dep			ng spouse	
2.	, ,	· ·	ry, and commissions (becalculate what the month)		2.	\$_		0.00	\$	N/A	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$_		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$_		0.00	\$	N/A	

Debt	tor 1	Patricia Ann Carpenter	-	C	Case number (if ki	nown)	19-1	14983		
					For Debtor 1			r Debtor 2 n-filing sp		
	Cop	oy line 4 here	4.		\$ (0.00	\$	ii iiiiig o _l	N/A	l
E	l int						_			•
5.		all payroll deductions:	- -		Φ.		æ			
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b			0.00	\$_ \$		N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.		· · · · · · · · · · · · · · · · · · · 	0.00	\$_		N/A	
	5d.	Required repayments of retirement fund loans	5d		<u> </u>	0.00	\$_		N/A	•
	5e.	Insurance	5e		. —	0.00	\$		N/A	•
	5f.	Domestic support obligations	5f.			0.00	\$		N/A	•
	5g.	Union dues	5g			0.00	\$_		N/A	
	5h.	Other deductions. Specify:	_ 5h	.+	\$	0.00	+ \$_		N/A	•
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	\$_		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	\$_		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					•			
	O.L.	monthly net income.	8a			0.00	\$_		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b		\$	0.00	\$_		N/A	-
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ (0.00	\$		N/A	
	8d.	Unemployment compensation	8d		·	0.00	\$		N/A	
	8e.	Social Security	8e		\$ 1,823	3.50	\$		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g			3.40	\$		N/A	
	8h.	Other monthly income. Specify: Babsitting	8h	.+		0.00	. —		N/A	
		Daughters contribution	_		\$ 103	3.51	\$_		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,480	0.41	\$_		N/A	\
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,480.41	+ 8		N/A	= \$	2,480.41
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť <u> </u>	2,400.41			1474	-	2,400.41
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		. ,			Schedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The respect that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	2,480.41
									Combin	ned v income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						montni	y income
		Yes. Explain:								